

Emergency Housing Rehabilitation Application

H o u s e h o l d I n c o m e	Name(s)	Pay Cycle*	Amount	Income Source*	

Pay Cycle: Weekly, Bi-weekly, Monthly, Bi-Monthly, Annual
Income Source(s): Wages, Unemployment, Workers Comp, Social Security benefits, SSI Benefits, Pension, Veteran's Benefits, TANF, Alimony, Child Support, Interest/Investment, Family Contributions, Gifts, Rental Income

Non-Cash benefits:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Food stamps or SNAP | <input type="checkbox"/> WIC |
| <input type="checkbox"/> MEDICAID | <input type="checkbox"/> Other source |
| <input type="checkbox"/> MEDICARE | |

Employment:

- | | |
|---|---|
| <input type="checkbox"/> Employed – Fulltime | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Employed – Part time | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Not in Labor Force |

Were you adversely affected by the COVID-19 pandemic and need emergency financial assistance? Yes No

Please describe in a few sentences how your household was financially impacted by COVID-19?

What type of project do you need work on?

- | | |
|---|---|
| <input type="checkbox"/> Roof, leaders, and/or gutters | <input type="checkbox"/> Windows or Doors |
| <input type="checkbox"/> Driveways, steps, and/or sidewalks | <input type="checkbox"/> Exterior Siding |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Decking |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Water damaged interior |
| <input type="checkbox"/> Heating or Air Conditioning System | <input type="checkbox"/> Other _____ |

Please briefly describe the emergency home repair that you are requesting assistance for:

Required Application Documents

The following documents are required to apply:

1. **Proof of residential ownership** (you must own your home to apply)
 - a. Copy of mortgage, tax bill, or deed.
 - b. Probate sale contract

2. **Proof of Income:** all earned income for everyone 18 years and older who resides in the household.
 - a. Earned income
 - i. If paid weekly submit paystubs for last 4 consecutive weeks within 8 weeks of the application submission date. If paid twice a month or every two weeks include 2 consecutive paystubs
 - ii. If self-employed: Copy of latest federal income tax statement with supporting documentation.
 - iii. Pension, veteran, social security, or SSI benefits (including children benefits): Copy of checks or benefit award letter.
 - iv. Unemployment benefits: Copy of award statement or 2 benefit pay stubs.
 - v. Child support/alimony: Statement of total monthly support.
 - vi. Rental Income: Lease for all tenants or rent receipts.
 - vii. TANF or General Assistance (welfare): Award Letter or printout.
 - viii. Interest or Dividends: Bank statement, Investment Company Statement
 - b. Unemployed household members age 18 and over must have the following:
 - i. Zero Income Statement
 - ii. If full time student, a letter which must be on school letterhead.

Please return completed application and documents to David DuBois using one of the following:

By Mail: 392 Main Street Hackensack NJ 07601

Email: David.DuBois@GreaterBergen.Org

Fax: 201-342-9339

If you have any questions, David DuBois can be reached at 201-968-0200 ext. 7799.